

Dual Eligible Special Needs Plans (D-SNPs) Default Enrollment

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Director
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Acknowledgements

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Navigating Medicare

Introduction to Speire

- Wisconsin is receiving support to implement default enrollment via a grant from Arnold Ventures to Speire Healthcare Strategies.
- Arnold Ventures is a foundation with a core portfolio on improving care for populations with complex needs.
- Speire Healthcare Strategies is a boutique health care consulting firm providing advisory services at the intersection of policy and strategy.

Agenda

Overview of Dually Eligible Individuals

Overview of Dual Eligible Special Needs Plans (D-SNPs)

Wisconsin's Goal to Improve Alignment

Explanation of Default Enrollment

Resources

Overview of Dually Eligible Individuals (“Duals”)

What is Dual Eligibility?

- Dually eligible individuals (“duals”) have both Medicare and Medicaid.
- Medicaid beneficiaries can get Medicare (and become “dually eligible”) when they:
 - Turn 65.
 - Reach their 25th month of receiving disability benefits.

What is Dual Eligibility?

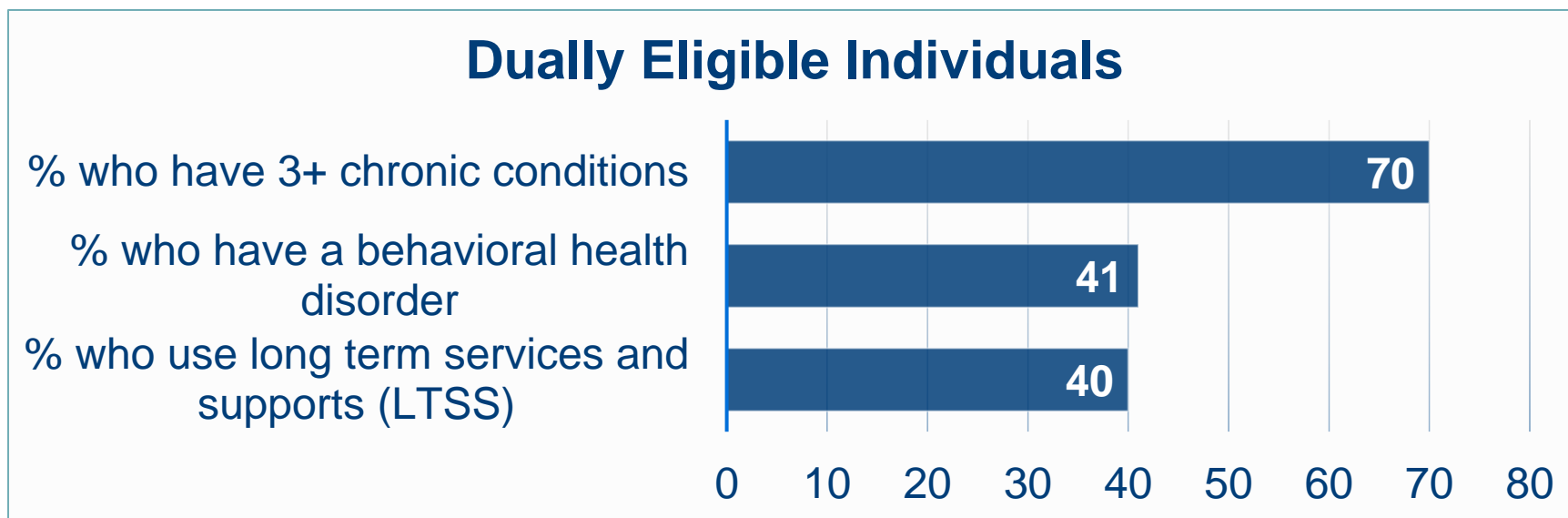
There are different categories of dual eligibility:

	Full benefit dually eligible	Partial benefit dually eligible
Have Medicare	√	√
Have full Medicaid	√	×
Have help with Medicare premiums through the Medicare Savings Program	- (possibly)	√

The new default enrollment policy will only affect full duals.

Why is Dual Eligibility Important?

Dually eligible individuals are more likely to have higher health care needs than the general Medicare or Medicaid populations.



Source: Integrated Care Resource Center. Dually Eligible Individuals: The Basics. March 2021.

Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_Dually_Eligible_Individuals_Fact_Sheet.pdf

Check Your Understanding

What does “dual eligibility” mean?

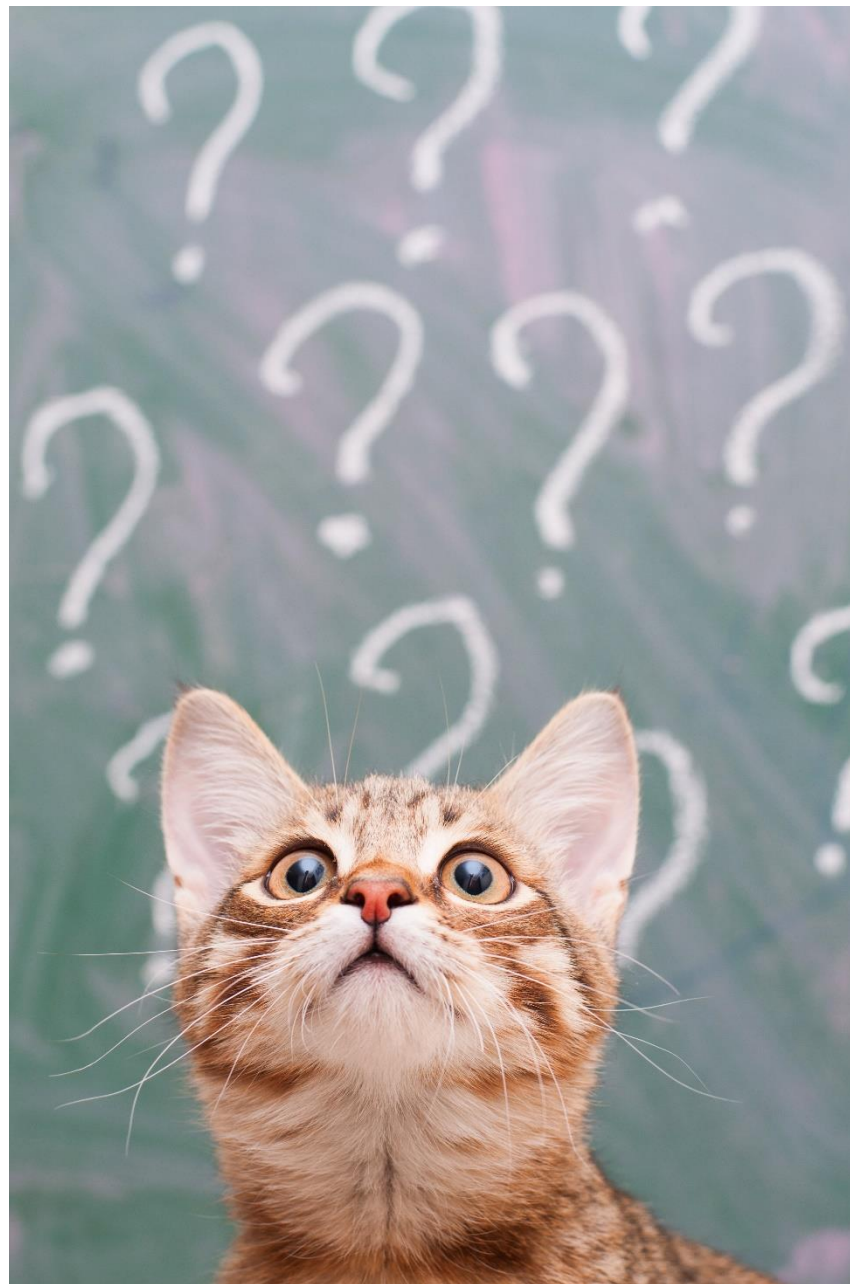
- a) Being enrolled in two Medicaid programs
- b) Being enrolled in Medicare and Medicaid
- c) A married couple who both have Medicaid

Check Your Understanding

An example of a “partial dual” is an individual who has:

- a) Medicare and full Medicaid only
- b) Medicare, full Medicaid, and a Medicare Savings Program
- c) Medicare and a Medicare Savings Program only

Questions?



Overview of Dual Eligible Special Needs Plans (D-SNPs)

What are Special Needs Plans (SNPs)?

Special Needs Plans (SNPs) are a type of Medicare Advantage plan that limit membership to people with specific conditions or characteristics. There are three types of SNPs:

1. Chronic Condition SNP (C-SNP)
2. Institutional SNP (I-SNP)
3. Dual Eligible SNP (D-SNP)

What are Dual Eligible Special Needs Plans (D-SNPs)?

Dual Eligible Special Needs Plans (D-SNPs)

- Are a type of Medicare Advantage plan.
- Only accept dually eligible individuals as members.
- Must have a special “model of care” tailored to support duals.
- Must sign a contract with the state.
- Must follow requirements to coordinate with Medicaid benefits.

Who Can Enroll in D-SNPs?

Only dually eligible individuals can enroll in D-SNPs.

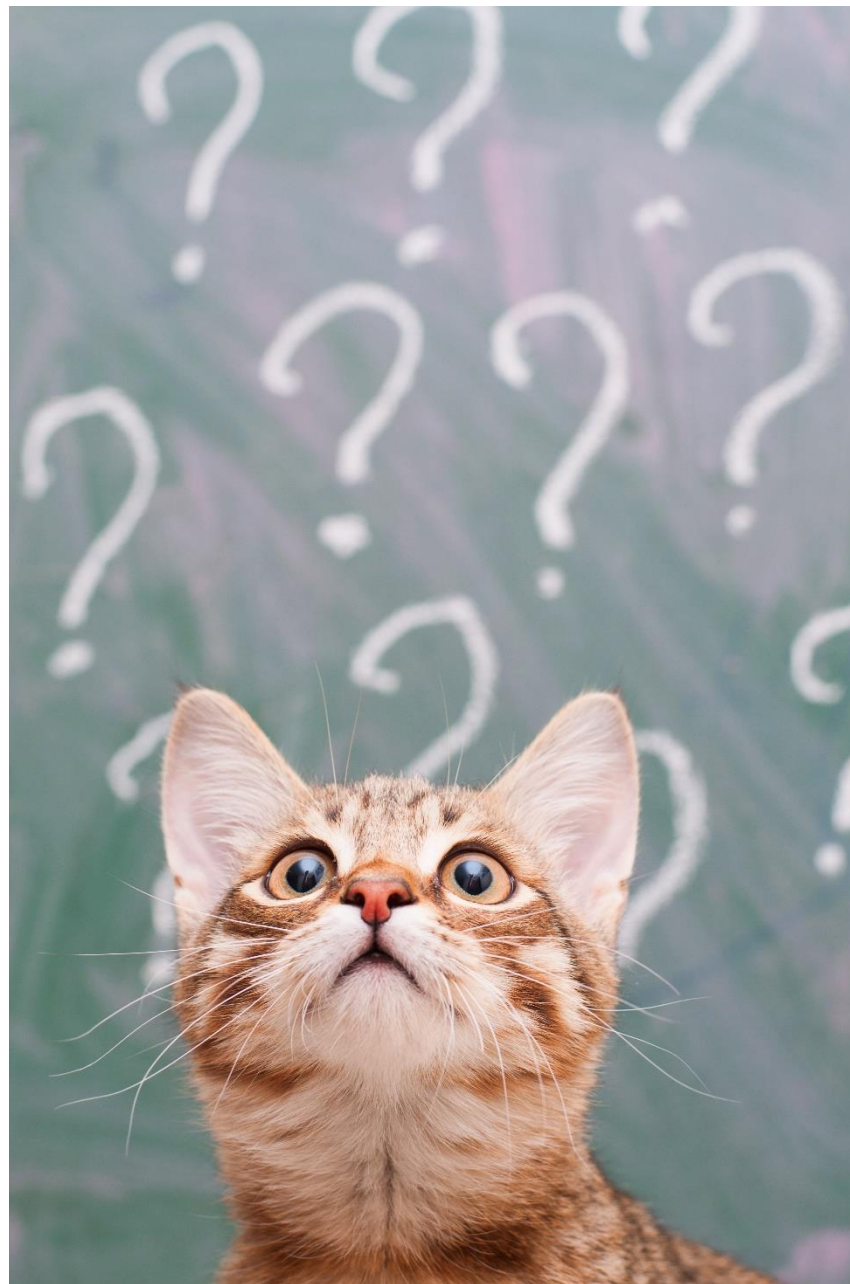
- D-SNP plans may choose whether they accept full and/or partial duals.
- Only [Family Care Partnership](#) participants can enroll in Family Care Partnership D-SNPs.

Check Your Understanding

Dual Eligible Special Needs Plans:

- a) Have provider networks.
- b) Only accept dually eligible members.
- c) Coordinate with Medicaid benefits in accordance with state rules.
- d) All of the above.

Questions?



Wisconsin's Goal to Improve Alignment

Wisconsin's Goal to Improve Alignment

- Wisconsin wants to improve care coordination for individuals who have Medicaid managed care and Medicare.
- Wisconsin is default enrolling SSI HMO* and Family Care Partnership MCO** members who become eligible for Medicare into aligned Dual Eligible Special Needs Plans (D-SNPs).

*Supplemental Security Income Medicaid Health Maintenance Organization

**Family Care Partnership Managed Care Organization

Wisconsin's Goal to Improve Alignment

Unaligned Enrollment:
Benefits received through
two separate programs

Medicare

Benefits
include
primary and
acute care

Medicaid

Benefits
include
long-term
services
and
supports

Aligned Enrollment:
Benefits managed by the
same company

**One company provides
managed care**

Medicare D-SNP

Benefits
include
primary and
acute care

Medicaid HMO/MCO

Benefits
include long-
term services
and supports

What are the Benefits of Aligned Enrollment?

Benefits for beneficiaries:

- Easier-to-find providers who accept both Medicare and Medicaid
- One care manager coordinating all benefits
- Help with maintaining Medicaid eligibility

What are the Benefits of Aligned Enrollment?

- Benefits for states: Improved care for members*
- Benefits for providers:
 - Streamlined claims
 - Reduced administrative burdens
- Benefits for plans: Streamlined claims, payment, and service management

*Kim, H., Charlesworth, C. J., McConnell, K. J., Valentine, J. B., & Grabowski, D. C. (2019). Comparing Care for Dual-Eligibles Across Coverage Models: Empirical Evidence From Oregon. *Medical Care Research and Review*, 76(5), 661–677. <https://doi.org/10.1177/1077558717740206>

Anderson, W. L., Fend, Z., & Long, S. K. (2016). Minnesota Managed Care Longitudinal Data Analysis. *ASPE*. Retrieved March 13, 2022, from <https://aspe.hhs.gov/reports/minnesota-managed-care-longitudinal-data-analysis-0#main-content>

Check Your Understanding

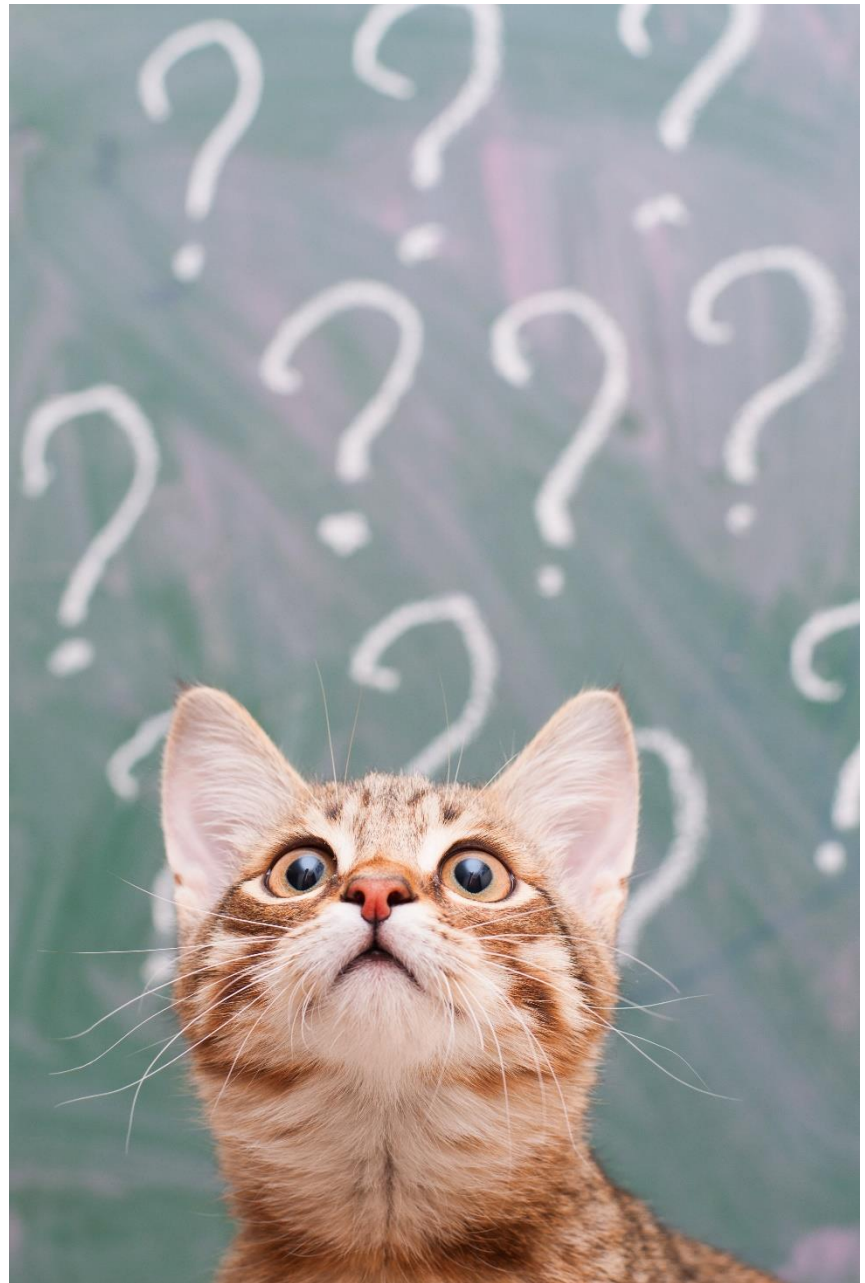
A beneficiary has a Medicare Advantage plan through UnitedHealth Care and fee-for-service Medicaid through the state.

Are their Medicare and Medicaid plans “aligned”?

a) Yes.

b) No.

Questions?



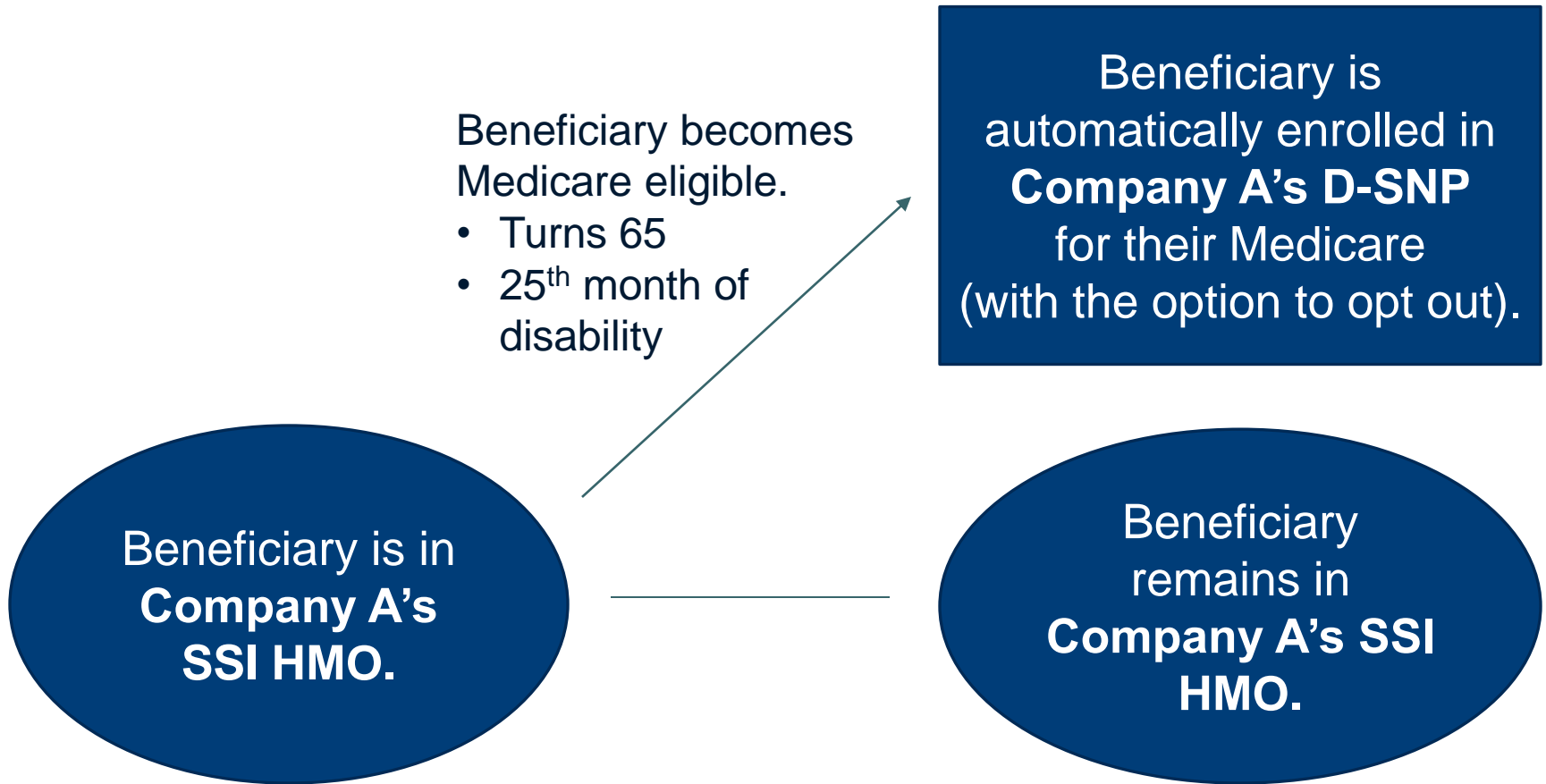
Default Enrollment

What is Default Enrollment?

Default enrollment is when individuals with SSI Medicaid HMOs or Family Care Partnership MCOs are enrolled into the organization's corresponding D-SNP when they first become eligible for Medicare.

Individuals have the option to opt out of default enrollment into the D-SNP.

What is Default Enrollment?



Aligned Enrollment

Beneficiary is in
Company A's D-SNP
for their Medicare.

Beneficiary is in
Company A's
SSI HMO.

Who Will Get Default Enrolled in D-SNPs?

Default enrollment will only affect individuals with Elderly, Blind, and Disabled (EBD)

Medicaid who:

- Have Family Care Partnership, SSI, SSI-Related, SSI-Related Deductible, or MAPP Medicaid through an SSI HMO or Family Care Partnership MCO provided by a company that has implemented default enrollment.
- Are newly eligible for Medicare.

Who Will Get Default Enrolled in D-SNPs?

Members eligible to enroll in D-SNP

Family Care

Family Care Partnership

SSI

SSI Related Medicaid

SSI Related Deductible

MAPP

BadgerCare+ (BC+) Parent/Caretaker

BC+ Childless Adult

BC+ Extension

BC+ Other

Only EBD Medicaid members in these programs who are **already enrolled in an SSI HMO or Partnership MCO by a participating company** will be default enrolled in a D-SNP when they become eligible for Medicare.

Who Will Get Default Enrolled in D-SNPs?

Members eligible to enroll in D-SNP

Family Care

Family Care Partnership

SSI

SSI Related Medicaid

SSI Related Deductible

MAPP

BadgerCare+ (BC+) Parent/Caretaker

BC+ Childless Adult

BC+ Extension

BC+ Other

We expect up to 60 members a month to be eligible for default enrollment.

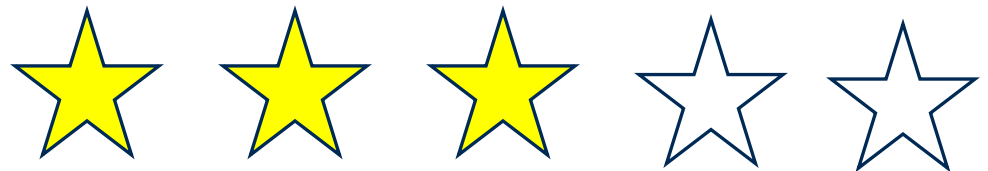
Who Will Not Get Default Enrolled in D-SNPs?

- **BadgerCare+ Medicaid members are NOT eligible for default enrollment.**
- **Current duals (who already have Medicare and Medicaid) are NOT impacted by default enrollment.**

Beneficiary Protections: D-SNP Requirements

To implement default enrollment, D-SNPs must have and maintain:

- A 3+ star rating.
- Significant overlap of Medicare and Medicaid providers in the county ($\geq 80\%$).
- Approval from the state Medicaid office and the Centers for Medicare and Medicaid Services (CMS).



Beneficiary Protections: Opting Out

Beneficiaries can opt out of default enrollment.

- The D-SNP plan will send a notice 60 days before Medicare starts, explaining that the beneficiary is being enrolled in the D-SNP. The notice also includes SHIP contact information.
- The beneficiary can opt out by mailing the included opt-out form or by calling the D-SNP.

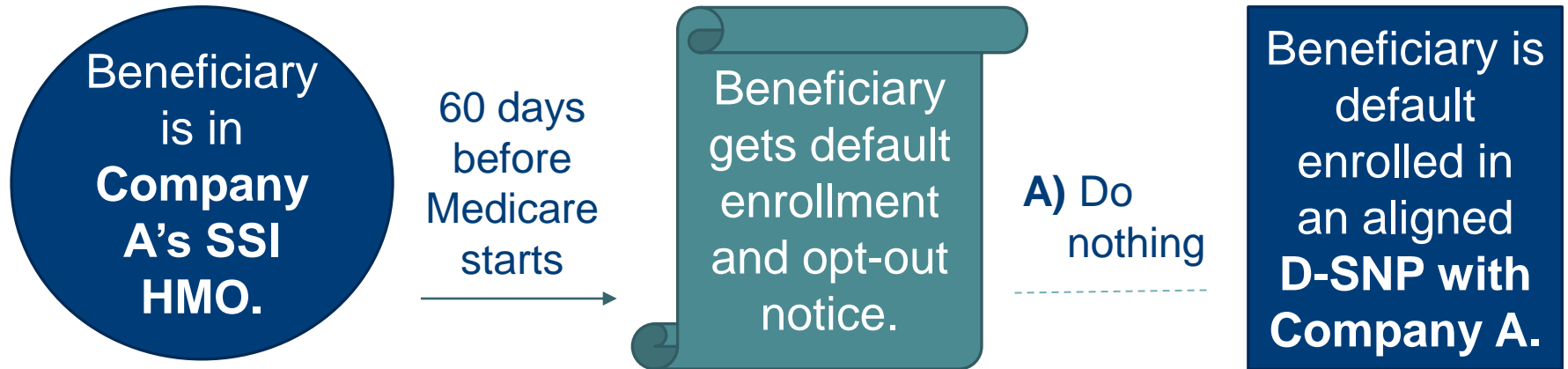
Beneficiary Protections: Opting Out

If the beneficiary opts out, they are automatically enrolled in Original Medicare and, if they do not choose one for themselves, a Part D plan.

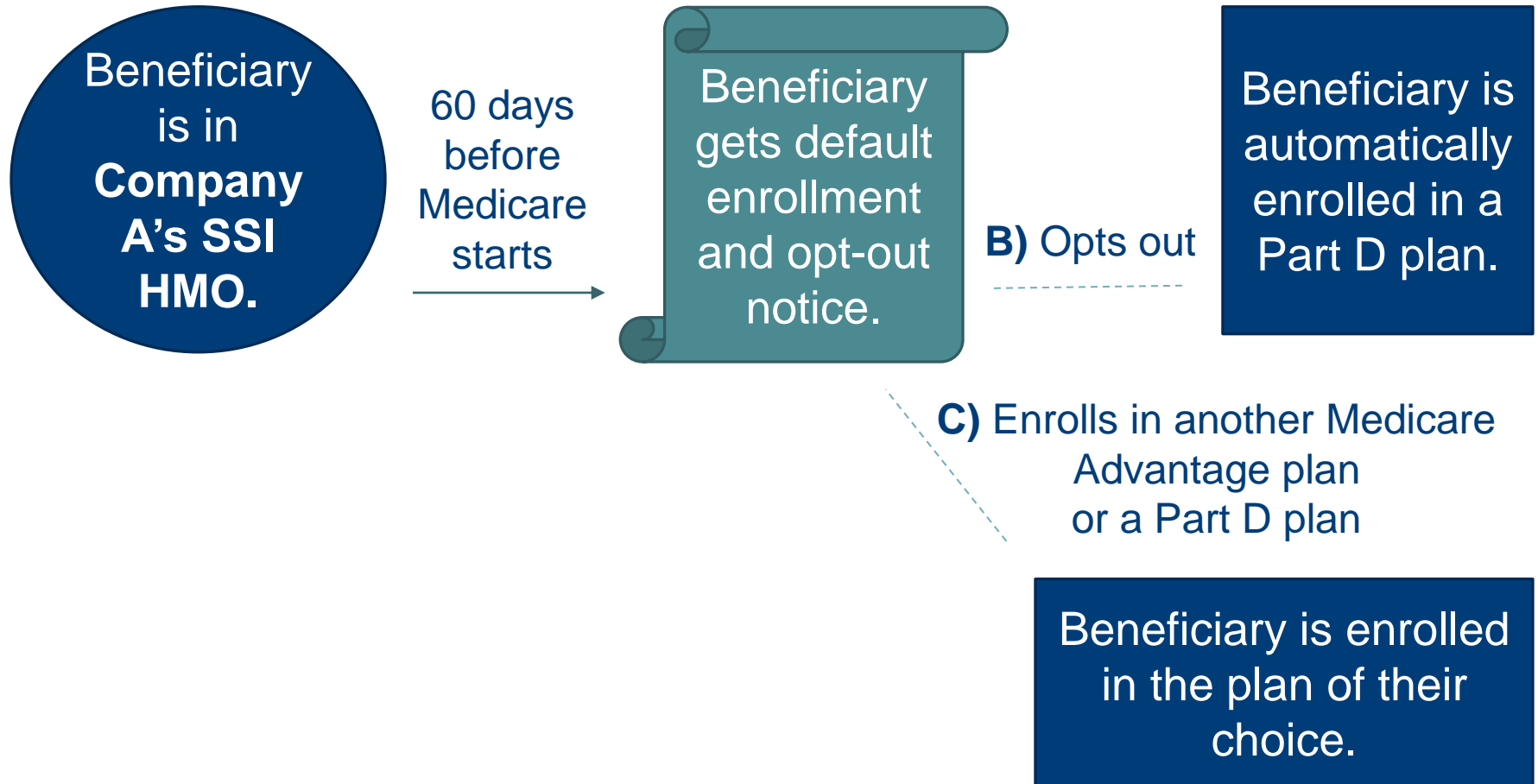
Beneficiary Protections: Active Enrollment Overrides Default Enrollment

- D-SNP companies won't default enroll eligible members if they have already actively enrolled in another Medicare Advantage or a Part D plan.
- If a beneficiary enrolls in a different Medicare plan after receiving the default notice, their chosen plan overrides the D-SNP enrollment.

Beneficiary Protections: Opting Out



Beneficiary Protections: Opting Out



Beneficiary Protections: Special Enrollment Periods

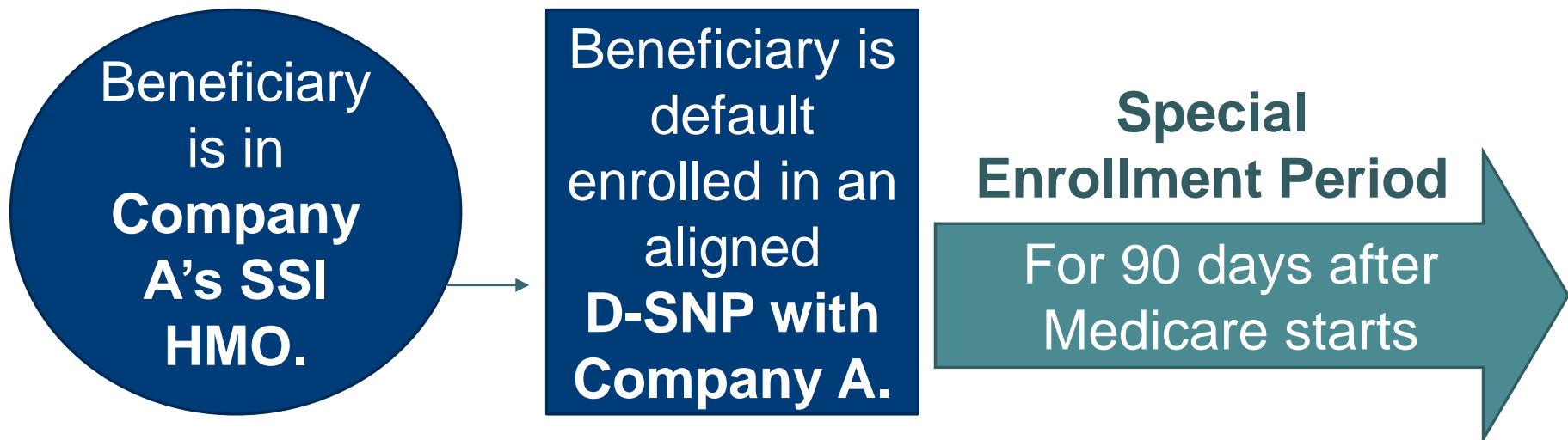
Special Enrollment Periods (SEP)

- Default enrolled individuals get an SEP that allows a one-time change within three months of enrollment, starting with the date of notice or effective date of the change, whichever is later. ([CMS Managed Care Manual, Chapter 2: 30.4.7](#))
- Duals have an ongoing SEP, allowing one change each quarter for the first three quarters of the year.

Beneficiary Protections: Special Enrollment Periods

State-Initiated Enrollment Special Enrollment Period (SEP):

Beneficiaries can make one change in the 90 days after Medicare coverage (through the D-SNP) begins.



Beneficiary Protections: Special Enrollment Periods

Ongoing Special Enrollment Period (SEP) for duals:

One change is allowed each quarter
for the first three quarters of the year.

(The fourth quarter is the annual Open Enrollment Period).



How Do Beneficiaries Decide if a D-SNP is Right for Them?

Beneficiaries should check:

- Whether their providers are in-network.
- Whether their prescriptions are covered by the D-SNP. (Note that pharmacies often struggle to bill Part B-covered drugs to Medicare Advantage plans.)
- Expected costs.
- Eligibility requirements and coverage details for any extra benefits.

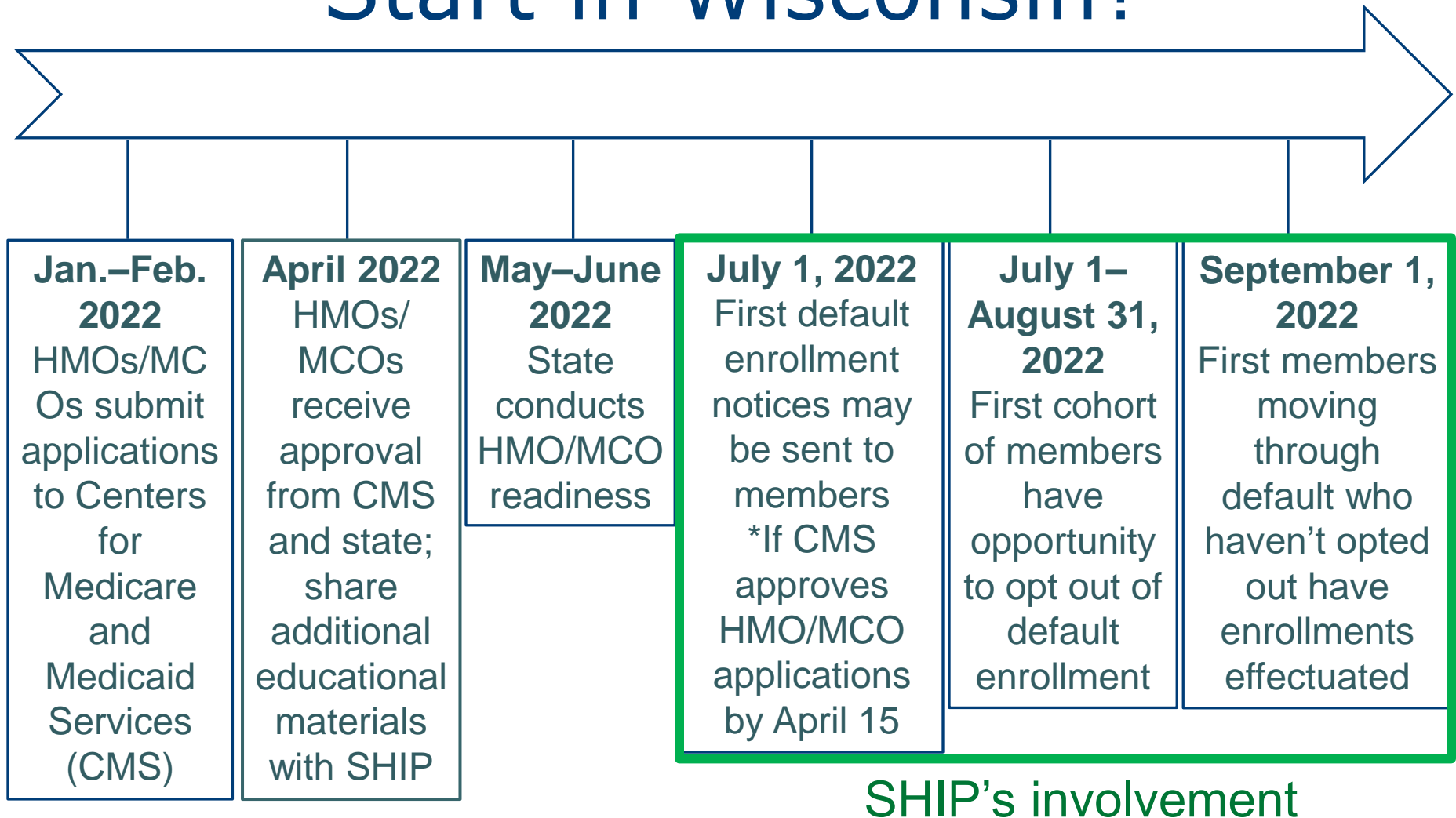
How Do Beneficiaries Decide if a D-SNP is Right for Them?

Cash benefits for over-the-counter (OTC) drugs and “healthy eating” grocery bills provided on a debit card do **not** count as income for Medicaid, Medicare Savings Program, and/or FoodShare benefits.

Find the latest guidance on the [GWAAR Medicare Outreach and Assistance Resources webpage](#) under “Dual Special Needs Plans (D-SNPs).”



When Will Default Enrollment Start in Wisconsin?



Reporting Instructions

- When discussing Special Needs Plans, select “Duals Demonstration” under Additional Topic Details as the Topic(s) Discussed in SHIP assessment forms. (“D-SNP” will be added as a topic in the future.)
- For default enrollment contacts, also type “default enrollment” in Special Use Field 3.



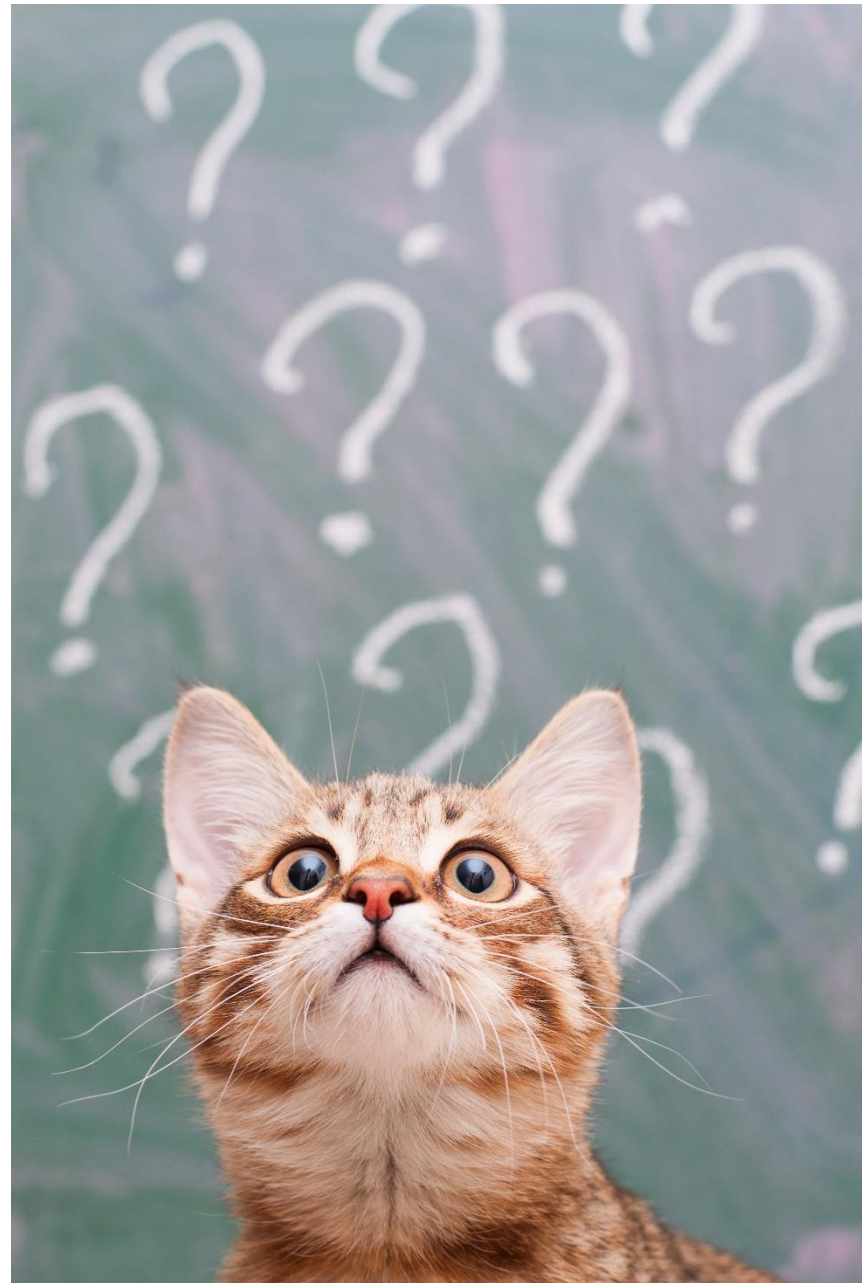
Check Your Understanding

True or false: Default enrollment will affect BadgerCare+ members.

True or false: Default enrollment will affect people who already have both Medicare and Medicaid.

True or false: Default enrollment will affect some EBD Medicaid members who are in an SSI HMO and are newly eligible for Medicare.

Questions?



Review and Resources

Review of Default Enrollment

- Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that are designed for individuals with both Medicare and Medicaid (duals).
- As soon as July 1, certain EBD Medicaid members who are **already enrolled in a participating Medicaid SSI HMO or Partnership MCO** may be eligible for default enrollment in an aligned D-SNP when they become eligible for Medicare.

Review of Default Enrollment

- The D-SNP company will mail beneficiaries a notice 60 days before Medicare starts explaining default enrollment. Beneficiaries can opt out by mailing a form or calling the D-SNP.
- Beneficiaries should consider drug coverage, provider networks, plan costs, details about extra benefits, and care coordination when deciding whether to opt out.

Review of Default Enrollment

- Beneficiaries have a Special Enrollment Period (SEP) to change plans for 90 days after Medicare coverage with the D-SNP starts.



SHIP's Role

- Help beneficiaries determine whether the D-SNP is the right plan for them.
- Provide feedback to the Wisconsin SHIP director on default enrollment and outcomes for beneficiaries.
- Select topic “Duals Demonstration” (until “D-SNP” is added) and type “default enrollment” in Special Use Field 3 for SHIP reporting.

Resources for Professionals

[GWAAR Medicare Outreach and Assistance Resources](#) webpage's "Dual Special Needs Plans (D-SNPs)" section:

- FAQ for Professionals (includes glossary)
- Spreadsheet: Default enrollment by plan and county
- Plan comparison summaries with quick links to provider searches
- Sample default enrollment notices

Resources for Beneficiaries

New Department of Health Services webpage:
<https://www.dhs.wisconsin.gov/benefit-specialists/d-snp.htm>

Planned resources:

- FAQ for members
- Plan comparison chart
- D-SNP brochure

Glossary

- **Aligned enrollment:** When an individual's Medicare and Medicaid plans are provided by the same company
- **Default enrollment:** When Medicaid SSI HMO members are enrolled into an aligned D-SNP when they become eligible for Medicare, so that their Medicare and Medicaid services are provided by the same company

Index of Jargon

- **Dual/dually eligible:** Individuals with both Medicare and Medicaid
 - **Full dual:** Individual with Medicare and full Medicaid health coverage
 - **Partial dual:** Individual with Medicare and partial Medicaid health coverage (for example, Medicare Savings Program only)
- **D-SNP:** Dual Eligible Special Needs Plan, a type of Medicare Advantage plan available to only to dually eligible individuals

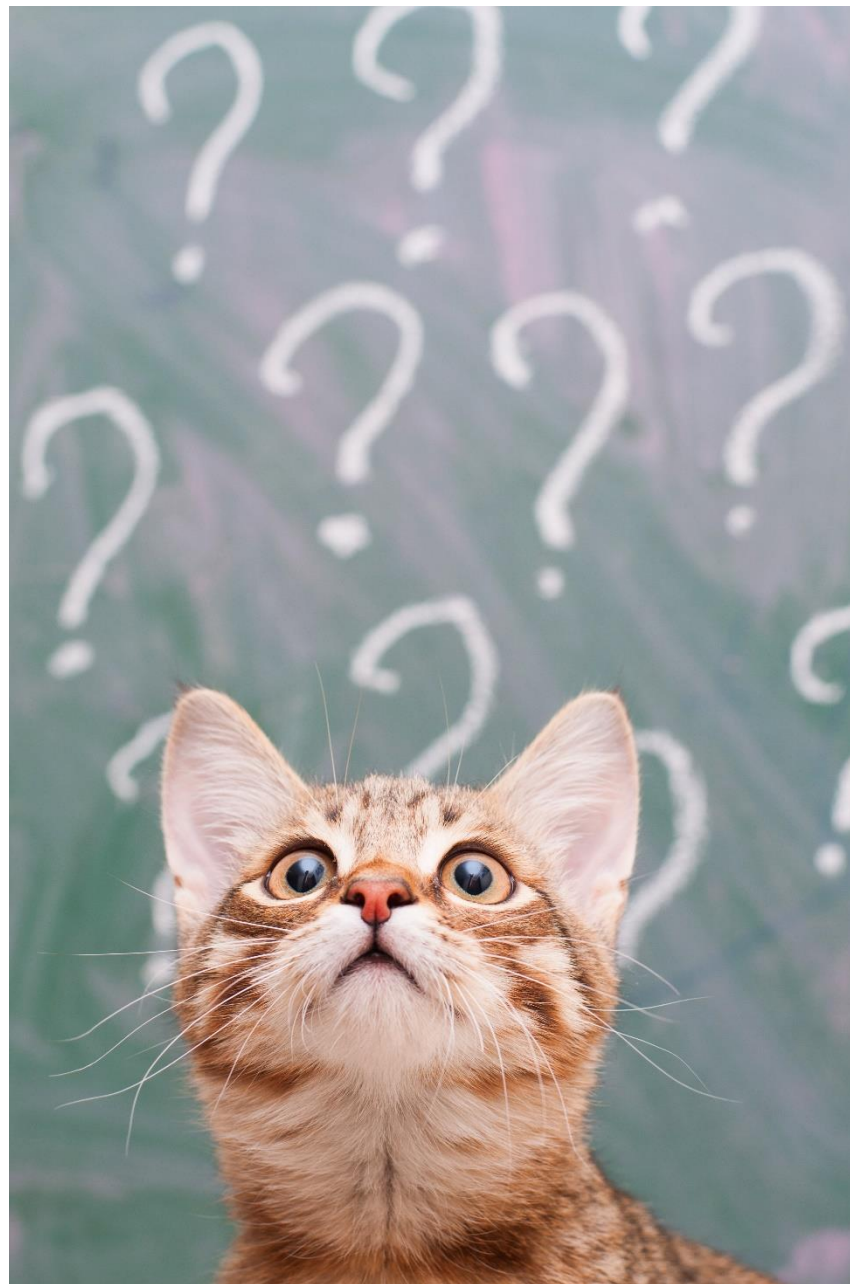
Index of Jargon

- **EBD Medicaid:** A group of Medicaid programs for the elderly, blind, and disabled
- **HMO:** Health maintenance organization, a private company contracted to provide Medicaid benefits
- **MCO:** Managed care organization, a private company contracted to provide Medicaid and long-term services and supports to Partnership participants

Index of Jargon

- **LTSS:** Long-term services and supports, including home-based community services
- **Partnership:** [Family Care Partnership](#), an integrated health and long-term care state program for frail elderly and people with disabilities, available in select counties

Questions?



Presenter Information

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